

# KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

Post Office Box 1360  
Frankfort, Kentucky 40602

## APPLICATION FOR REINSTATEMENT OF LICENSE

FEE AMT., PD.: \_\_\_\_\_

SS#: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

**FEE IF PAID WITHIN 60 DAYS OF LICENSE EXPIRATION: \$150.00**

**FEE IF PAID MORE THAN 60 DAYS AFTER LICENSE EXPIRATION: \$200.00**

Your Massage Therapy License expired \_\_\_\_\_. If you desire to reinstate your license for the next two (2) years, return this application, together with the required fee (made payable to the Kentucky State Treasurer) as soon as possible. You shall not practice massage therapy in the State of Kentucky until your license has been reinstated. A renewal ID card will be mailed to you within 30 days of approval of your application for reinstatement.

### PLEASE COMPLETE THE FOLLOWING:

1. **Note changes in mailing address if different from above:**

**NAME:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

2. **Present business name and address (ONLY IF DIFFERENT FROM MAILING ADDRESS)**

**NAME** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

3. **Home Phone # :** \_\_\_\_\_ **Business Phone # :** \_\_\_\_\_

4. **Social Security # :** \_\_\_\_\_

5. **Date of Birth:** \_\_\_\_\_

6. **Have you ever been convicted of a felony? Yes** \_\_\_\_\_ **No** \_\_\_\_\_. *If yes, attach full explanation.*

7. **Have you ever been subjected to disciplinary action by NCBTMB, or a professional association of massage therapy? Yes** \_\_\_\_\_ **No** \_\_\_\_\_. *If yes, please attach explanation.*

8. **Are you currently credentialed as a massage therapist in any other jurisdiction? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*If yes, attach information indicating the state(s), license number(s), and current effective date(s).*

9. *Have you ever had an application for credentialing as a massage therapist rejected? Yes \_\_\_\_ No \_\_\_\_  
If yes, attach a full explanation, including the reason for rejection, and the jurisdiction in which rejected.*

10. *Is any disciplinary action currently pending against you or has any disciplinary action been taken  
against your credential in any other state(s)? Yes \_\_\_\_ No \_\_\_\_ If yes, attach a full explanation.*

11. *Have you defaulted on the repayment obligation of financial aid programs administered by the Kentucky  
Higher Education Assistance Authority (KHEAA) per KRS 164.772? Yes \_\_\_\_ No \_\_\_\_ If yes, please  
attach explanation.*

12. **CONTINUING EDUCATION:** *In order to have your license reinstated, you must have  
completed twenty-four (24) Continuing Education hours in or related to the field of massage  
therapy plus one (1) additional hour for each month beyond your license expiration date. NOTE:  
Pursuant to 201 KAR 42:110, three (3) of the 24 hours must be in professional ethics training.  
Please complete the CEU information on the back of this form.*

**APPLICANT'S AFFIDAVIT**

**I, the applicant named in the above application, do hereby swear or affirm that the statements made on the  
above application are true, correct, and complete to the best of my knowledge and belief. I am aware that,  
should investigation at any time disclose any misrepresentation or falsification, my application may be  
rejected or my license revoked by the Kentucky Board of Licensure for Massage Therapy.**

**APPLICANT'S SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY**

Application Approved [ ] Application Denied [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Resubmitted for review: Approved: [ ] Denied: [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Comments:

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## CONTINUING EDUCATION INFORMATION

**List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned. Attach certificates for proof of completion. It is your responsibility to maintain a copy of all documentation.**

<b>Course Title</b>	<b>Name of Provider</b>	<b>Name of Sponsor</b>	<b>Date(s) Attended</b>	<b># of CEUs</b>

TOTAL NUMBER OF CEU'S: \_\_\_\_\_

If you have a MasterCard or Visa and are interested in paying your renewal fee electronically, please go to the web site listed below, click on Massage Therapy Board and follow the instructions for renewing online:

<http://www.finance.ky.gov/ourcabinet/caboff/oas/op/>